



INHALER AUTHORIZATION 2016
CITY OF FAIRFAX SUMMER CAMP PROGRAMS
PLEASE READ ALL INFORMATION AND PROCEDURES

I hereby request City of Fairfax Summer Camp personnel to permit the child identified below to use an inhaler as prescribed. I agree to release, indemnify, and hold harmless the City of Fairfax and any of their officers, staff members, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this child with the inhaler, provided personnel are following physician instructions as written below. I understand that all medication left after August 26, 2016 will be destroyed.

Medication _____

☐ **Renewal** ☐ **New** (If new, the first full dose must be given at home to assure that the child does not have a negative reaction.)

Child Name (Last, First, Middle) _____

Date of Birth _____

Parent or Guardian Signature _____

Daytime Telephone _____ **Date** _____

The following information must be completed by a physician:

DIAGNOSIS: _____

LIST TRIGGERS: _____

DATE OF ORDER: _____

MEDICATIONS: _____

SYMPTOMS OR CONDITIONS FOR WHICH MEDICATION IS ORDERED: _____

TIME INTERVAL FOR REPEATING DOSAGE: _____

DOSAGE TO BE GIVEN AT SUMMER CAMP: _____

TIME(S) MEDICATION IS GIVEN: _____

EFFECTIVE DATE: _____

If the child is taking more than one medication at camp, list sequence in which medications are to be taken: _____

Check appropriate box:

☐ I believe that this child has received adequate information on how and when to use an inhaler and that he or she can use it properly.

☐ The child is to carry an inhaler during Summer Camp hours with supervisor approval.

☐ The inhaler will be kept in the school clinic or other approved location (specify): _____

Physician Name (Print or Type) _____

Physician Signature _____

Telephone or Fax _____ **Date** _____

Parent or Guardian Name (Print or Type) _____

Parent or Guardian Signature _____

Telephone _____ **Date** _____

Site Use Only

Check as appropriate:

☺ ☐ All information is completed including signatures. (It is acceptable if all items are written on the physician's stationery or a prescription pad.)

☺ Medication is appropriately and clearly labeled.

☺ The child has been approved by the supervisor to carry an inhaler.